DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 5310.7A
BUMED-15
12 Oct 93

BUMED INSTRUCTION 5310.7A

From: Chief, Bureau of Medicine and Surgery

Subj: JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

Ref: (a) DoDDir 6025.12 of 21 Mar 89 (NOTAL)
(b) BUMEDINST 5310.8

Encl: (1) DoD 6025.12-STD of 1 Nov 89 with CH-1 of 22 Feb 91, CH-2 of 30 Oct 91, and CH-3 of 15 Jan 93 incorporated

1. Purpose. To distribute and implement enclosure (1).

2. Cancellation. BUMEDINST 5310.7.

3. Background. Reference (a) established policy for determining peacetime healthcare manpower in fixed medical treatment facilities and authorized the issuance of enclosure (1). Reference (b) established policy regarding the manpower requirements determination process throughout the Bureau of Medicine and Surgery.

4. Action. All commanding officers and officers in charge shall ensure the application of enclosure (1) in the execution of reference (b).

D. F. HAGEN

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APPENDIX A - JOINT HEALTHCARE MANPOWER STANDARDS (JHMS)

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area: **Allergy and Immunology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a service standard not based on the DoD Instruction 5010.37 (reference (c)), must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides examinations, diagnoses, and treatments for disorders of allergenic origin. Prepares and reviews case histories and obtains data through interviews and testing; and interprets findings and determines types and duration of therapy. Prepares allergy treatment extracts and serum kits and administers routine and prescribed allergenic injections. Provides immunization services including required vaccinations. Provides for professional training of assigned personnel, preparation and submission of reports, maintenance of medical records, and regional allergy and immunology support.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. Immunizations and screening tests equal the sum of inpatient and outpatient immunizations and screening tests. MEPRS Codes: BAB, FBI)

a. Continental United States (CONUS), Alaska and Hawaii:

							Graduate Medical Education (GME)
	CLINIC	HOSPITAL					TEACHING
		1-50	51-100	101-200	201-300	301+	FACILITY
				(Operating Beds)			
Allergist	----------250 Allergy Visits----------						615*

Immunization Technician (facilities with allergist)	---------2275	Immunizations and Screening Tests--------
Immunization Technician (facilities without allergist)	---------1520	Allergy Visits, Immunizations, and Screening Tests----------

*The 615 residency performance level is based on 85 visits per staff allergist plus 70 visits per fellow plus 10 visits per resident and 450 visits contributed by technician support personnel.

b. Outside Continential United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
		1-50	51-100	101-200	201-300	301+	
Allergist	----------240	Allergy Visits----------					615*
Allergist	----------0	Inpatient Days----------					0
Allergy Technician	----------290	Allergy Visits----------					
Immunization Technician (facilities with allergist)	---------2215	Immunizations and Screening Tests---------					
Immunization Technician (facilities without allergist)	---------1480	Allergy Visits, Immunizations, and Screening Tests----------					

*Same as CONUS.

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. When developed, a prospective model shall be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals authorized an allergy clinic without GME training programs. Table B is for determining additional technician

requirements for immunizations and screening exams. Table C is for facilities not earning an allergist. Table D is for the Allergy GME Training Program. Select the correct manpower table for the facility from Attachment 1.

a. TABLES A and B - MTF EARNING AN ALLERGIST:

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g., CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. If an Allergist (with support requirements) is earned in Table A, then obtain historical immunizations and screening tests from MEPRS and enter Table B at the appropriate breakpoint range to determine additional technician requirements using steps 3 and 4 above.

Step 6. Add the requirements identified in Tables A and B to obtain the total workcenter manpower requirements.

NOTE: Minimum requirement for MTFs with Internal Medicine Residency Program and/or Extract Mixing Centers is two staff Allergists and five technicians. Apply the minimum when workload does not earn the required staff allergists.

b. TABLE C - MTF NOT EARNING AN ALLERGIST:

Step 1. If an allergist is not earned in Table A, then add allergy clinic visits to historical immunization and screening tests (from MEPRS) to obtain workload.

Step 2. Go to Table C and follow the procedures in subparagraph 8.a., steps 3 and 4, above, to determine total workcenter requirements.

c. TABLES D and B - MTF WTTH ALLERGY GME TRAINING PROGRAM:

Step 1. Compare Allergy Clinic Visits (from MEPRS) to the clinic visit breakpoint ranges in Table D and follow instructions in subparagraph 8.a., steps 1 through 4, above, to determine basic GME requirements.

Step 2. Then obtain historical immunization and screening tests (from MEPRS) and enter Table B at appropriate breakpoint range to determine additional technician requirements following instructions in subparagraph 8.a., steps 3 and 4, above.

Step 3. Add requirements identified in Table D to those identified in Table B to obtain the total workcenter requirements.

NOTE: Minimum requirements for Allergy GME teaching program are:

AUTHORIZED RESIDENTS	STAFF ALLERGISTS
1 - 4	2
5 - 6	3
7 - 8	4

Apply the minimum when workload does not earn required staff allergists.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology 6010 Table A	Allergy Clinic Without GME Training Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Minimum Count ->	920	1239	2155	2747	3662					
Maximum Count ->	1238	2154	2746	3661	4254					
OCONUS										
Minimum Count ->	888	1196	2079	2650	3533					
Maximum Count ->	1195	2078	2649	3532	4103					
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Allergist	1	2	3	4	5					
Allergy and Immunology Technician	3	5	6	8	9					
NOTE: Services may substitute clerical support staff for technician(s).										
TOTAL	4	7	9	12	14					

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table B	Additional Technician Support									
MTF LOCATION	IMMUNIZATION BREAKPOINT RANGES									
CONUS (Facilities earning an Allergist)										
Minimum Count->	1	2451	4901	7351	9801	12251	14702	17152	19602	22052
Maximum Count->	2450	4900	7350	9800	12250	14701	17151	19601	22051	24501
OCONUS (Facilities earning an Allergist)										
Minimum Count->	1	2386	4772	7157	9543	11928	14314	16699	19085	21470
Maximum Count->	2385	4771	7156	9542	11927	14313	16698	19084	21469	23855

SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Immunology Technician	1	2	3	4	5	6	7	8	9	10
TOTAL	1	2	3	4	5	6	7	8	9	10

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table C	MTF Without Authorized Allergy Clinic									
MTF LOCATION	IMMUNIZATION & ALLERGY VISIT BREAKPOINT RANGES									
CONUS (Facilities not earning an Allergist)										
Minimum Count ->	1	1638	3275	4912	6549	8186	9823	11460	13097	14734
Maximum Count ->	1637	3274	4911	6548	8185	9822	11459	13096	14733	16370
OCONUS (Facilities not earning an Allergist										
Minimum Count ->	1	1594	3188	4782	6376	7970	9564	11158	12752	14346
Maximum Count ->	1593	3187	4781	6375	7969	9563	11157	12751	14345	15939
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Immunology Technician	1	2	3	4	5	6	7	8	9	10
TOTAL	1	2	3	4	5	6	7	8	9	10

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Allergy and Immunology/6010 Table D	Allergy GME Training Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
Allergy GME Training Program										
Minimum Count ->	1	1325	1988	2650	3312	3975	4637			
Maximum Count ->	1324	1987	2649	3311	3974	4636	5298			
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Allergist	2	3	4	5	6	7	8			
Allergy and Immunology Technician	4	6	8	10	11	12	14			
Clerical Support	1	1	1	1	2	2	2			
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	7	10	13	16	19	21	24			

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Dermatology**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides for the specialized treatment and consultative evaluation of patients suffering from dermatological conditions; provides superficial x-ray therapy and ultraviolet therapy; prepares and examines cultural materials having to do with superficial mycotic diseases; reviews slides on specimens submitted to the Pathology Service which pertains to pathology of the skin; examines and treats dermatological diseases and injuries; performs minor dermatological procedures, physical examinations, and treatments; and provides medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAP)

a. Continental United States (CONUS), Alaska and Hawaii:

	CLINIC	HOSPITAL					GME TEACHING FACILITY
		1-50	51-100	101-200	201-300	301+	
		(Operating Beds)					
Visits per Dermatologist	----------565----------						495*
Inpatient Days per Dermatologist	----------2.5----------						

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	CLINIC	HOSPITAL			
		1-50	51-100	101-200	201-300	301+
		(Operating Beds)				
Visits per Dermatologist	----------500----------					
Inpatient Days per Dermatologist	----------5----------					

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. A prospective model to determine workload is currently in development.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy levels of work for this work center. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT DERMATOLOGY GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a MTF category (e.g. CONUS). Select the row which applies to the facility.

Step 2. Determine the historical and /or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row selected in Step 1, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column (selected in Step 3) into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

NOTE: Minimum requirements for MTFs with Internal Medicine GME Program are two staff dermatologists. Minimum requirement for MTFs with Family Practice GME Teaching Program is one staff dermatologist. Apply the minimum when workload does not earn required staff dermatologists.

b. TABLE B - MTF WITH DERMATOLOGY GME TRAINING PROGRAM:

Step 1. Determine the historical and/or expected workload and manpower requirements for this program using the steps in subparagraph 8.a., above.

Step 2. Apply the following minimum requirements if workload does not earn required staff dermatologists as determined in Table B:

Authorized Residents	Staff Dermatologists
1 - 3	2
4 - 6	3
7 - 9	5
10 - 12	6

Use Table B at the appropriate level of minimum staff dermatologists to determine support requirements. For example, if the workload earns two dermatologists using Table B, but the MTF has four authorized residents; then the requirement for this GME program is three dermatologists, four technicians and one administrative requirement.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Dermatology/6011 Table A	MTF Without Dermatology GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS										
Minimum Count ->	452	609	1218	1826						
Maximum Count ->	608	1217	1825	2434						
OCONUS										
Minimum Count ->	400	539	1078	1616						
Maximum Count ->	538	1077	1615	2154						
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Dermatologist	1	2	3	4						
Dermatology Technicians	2	3	4	5						
NOTE: Services may substitute clercial support staff for technician(s).										
TOTAL	3	5	7	9						

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Dermatology/6011 Table B	MTF With Dermatology GME Teaching Program								
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES								
GME Teaching Facility									
Minimum Count ->	1	1067	1600	2133	2666	3199	3732	4265	4799
Maximum Count ->	1066	1599	2132	2665	3198	3731	4264	4798	5331
SPECIALTY TITLE	MANPOWER REQUIREMENTS								
Dermatologist	2	3	4	5	6	7	8	9	10
Dermatology Technicians	2	4	5	6	7	8	10	11	12
Clerical Support	1	1	1	2	2	2	2	2	2
NOTE: Services may substitute clerical support staff for technician(s).									
TOTAL	5	8	10	13	15	17	20	22	24

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Emergency Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). This JHMS was developed under an accelerated, non-engineered methodology. As a result, it is an interim standard and does not have the reliability and associated weight of an engineered standard for predicting and/or defending manpower requirements. Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides emergency medical care, diagnostic services, treatment, minor surgical procedures, and proper medical disposition of any nature to patients who present themselves to the service; refers patients to specialty clinics as necessary; admits patients to the medical facility as required; provides clinical and consultation services, medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records; and provides emergency medical services and medical support of mass casualty and fire drills. Coordinates on site disaster plans, participates in disaster exercises and operates emergency communications systems that permit instant contact with law enforcement agencies, rescue squads and other emergency services within the community. Provides appropriate emergency medical transportation of ill or injured individuals and hospitalized patients. Each medical treatment facility will be classified by its respective service in accordance with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Emergency Room (ER) classifications are defined as follows:

a. Level I. A Level I Emergency Service offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There shall be in-house physician coverage by members of the medical staff or by senior level residents for at least medical, surgical,

orthopaedic, obstetrical and gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency shall be considered to exist for purposes of compliance with the requirement. Other specialty consultation shall be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable. The hospital's scope of service shall include in-house capabilities for managing physical and related emotional problems, on a definitive basis. The above requirements also apply to a comprehensive level emergency service provided by a hospital offering care only to a limited group of patients, such as pediatric, obstetrical, ophthalmological, and orthopaedic. Ambulance service is provided 24 hours a day, 7 days a week.

b. Level II. A Level II Emergency Service offers emergency care 24 hours a day, with at least one physician experienced in emergency care and one nurse to be on duty in the emergency care area, with specialty consultation available within approximately 30 minutes by members of the medical staff or by senior level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of service shall include in-house capabilities for managing physical and related emotional problems, with provisions for patient transfer to another facility when needed. Ambulance service is provided 24 hours a day, 7 days a week.

c. Level III. A Level III Emergency Service offers emergency care 24 hours a day. An attending physician credentialed by the institution is required 24 hours for ER duty. Specialty consultation shall be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided. Ambulance service is provided 24 hours a day, 7 days a week.

5. Monthly Performance Level(s) per Provider. (MEPRS Code: BI)

Continental United States (CONUS), Alaska, Hawaii, and Outside Continental United States (OCONUS):

Emergency Room Classification	Minimum	Above minimum
Level I	3000 visits per 9 Physicians	600 visits per physician over 9 Physicians
Level II	1250 visits per 5 Physicians	850 visits per physician over 5 Physicians
Level III	1250 visits per 5 Physicians	

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of exam rooms and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. Ambulance Service requirements have been excluded from this standard. Requirements for this service will be submitted through the exception process until a functional review can be scheduled.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this work center. Table A is the manpower table for a Level I Emergency Service. Table B is the manpower table for a Level II Emergency Service. Table C is the manpower table for a Level III Emergency Service. Select the correct manpower table for the facility.

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., Level I Emergency Services). Select the row which applies to the facility.

Step 2. Determine the historical/expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column.

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

9. GME Emergency Medicine Training Program.

Minimum staffing requirements

Authorized Residents	Staff Emergency Physicians
3 - 12	6
13 - 15	7
16 - 18	8
19 - 21	9
22 - 24	11

NOTE: Apply the minimum if workload does not earn required staff emergency medicine physicians in Tables A and B. Determine support staff i.e., nurses, technicians and administrative support at the level of required ER physicians. For example, workload for a level II ER earns 5 physicians, but the MTF has 4 authorized residents; then the requirement for this GME program is 6 ER physicians, 7 nurses, 18 technicians, and 3 administrative requirements.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table A	Level I					
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES					
Level I Emergency Services						
Minimum Count ->	1	3232	3878	4524	5170	5816
Maximum Count ->	3231	3877	4523	5169	5815	6599
SPECIALTY TITLE	MANPOWER REQUIREMENTS					
Emergency Physician	9	10	11	12	13	14
Registered Nurse	11	12	12	13	13	14
Emergency Services Technician	26	28	30	32	34	36
Clerical Support	5	5	6	6	7	7
NOTE: Services may interchange technician(s) and clerical support staff.						
TOTAL	51	55	59	63	67	71

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table B	Level II							
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES							
Level II Emergency Services								
Minimum Count ->	1	1347	2262	3178	4093	5009	5924	6839
Maximum Count ->	1346	2261	3177	4092	5008	5923	6838	7754
SPECIALTY TITLE	MANPOWER REQUIREMENTS							
Emergency Physician	5	6	7	8	9	10	11	12
Registered Nurse	6	7	7	8	8	9	9	10
Emergency Services Technician	17	18	19	20	21	22	23	24
Clerical Support	3	3	4	4	5	5	5	5
NOTE: Services may interchange technician(s) and clerical support staff.								
TOTAL	31	34	37	40	43	46	48	51

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Emergency Medicine/6012 Table C	Level III									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
Level III Emergency Services										
Minimum Count ->	1	1347	1805	2262	2720	3178	3636	4093	4551	
Maximum Count ->	1346	1804	2261	2719	3177	3635	4092	4550	5008	
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Emergency Physician	5	5	5	5	5	5	6	7	8	
Registered Nurse	5	5	5	5	6	6	6	6	6	
Emergency Services Technician	10	11	15	15	15	16	17	18	18	
Clerical Support				1	1	1	1	1	1	
NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	20	21	25	26	27	28	30	32	33	

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Internal Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides care and consultative services to patients suffering from disease and illness of a non-surgical nature; provides subspecialty assistance in areas where trained internal medicine subspecialists are not assigned; provides a comprehensive plan of care for patients including guidance, health education, rehabilitation, and prevention of disease; and provides medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAA, BAC, BAE, BAF, BAG, BAH, BAI, BAJ, BAM, BAN, BAO, BAQ, BAZ)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Internal Medicine Physician	250	250	240	240	240	335*
Inpatient Days per Internal Medicine Physician	85	85	95	95	95	95

*The 335 residency performance level is based on 175 visits per staff internist plus 60 visits contributed by the resident and 100 visits by the support personnel assigned to each staff physician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL				
	1-50	51-100	101-200	201-300	301+
	(Operating Beds)				
Visits per Internal Medicine Physician	----------220----------				
Inpatient Days per Internal Medicine Physician	----------85----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. Internal medicine includes cardiology, diabetic clinic, endocrinology, gastroenterology, hematology, hypertension clinic, nephrology, oncology, pulmonary disease, rheumatology, infectious disease, and medical clinics not elsewhere classified.

c. This standard does not include requirements for cardio-pulmonary, respiratory therapy, dialysis, and the Department of Medicine functions.

d. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS Hospital, 1-100 beds). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. Facilities without an Internal Medicine GME Teaching Program but with a Family Practice GME Teaching Program will have a minimum of nine internists (the mix will be at the discretion of the Services Surgeons General).

b. TABLE B - MTF WITH INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. Go to Table B to determine the manpower requirements for this program using the steps in subparagraph 8.a., steps 1 through 4, above. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 2. Apply the following minimums if workload does not earn required staff internists as determined by Table B:

	Number of Authorized Residents (excluding PG-1 and fellows)		
	10 - 25	26 - 40	41 - 55
Internists	7	11	15
Cardiologists	4	5	5
Endocrinologists	1	2	2
Gastroenterologists	4	5	5
Hematologists/Oncologists	2	3	3
Infectious Disease	2	3	3
Nephrologists	1	2	2
Pulmonary Disease	3	4	4
Rheumatologists	1	2	2
Total Internists	25	37	41

NOTE: This is only the recommended specialty mix for Internal Medicine GME Teaching Program. Changes in specialty mix are at the discretion of the Services Surgeons General and MTF GME Program Directors.

Step 3. Add ONE (1) staff physician for each subspecialty Fellowship Program to the requirements earned in paragraph 8.b., steps 1 or 2.

Step 4. The recommended minimum ratio of 1 staff subspecialty physician to 1.5 fellows SHOULD BE met as indicated on

the table below from within the total requirements determined through application of sub paragraph 8.b., steps 1 through 3, above. These minimum ratios are not additives.

Fellows	Subspecialty Staff
1 - 3	2
4	3
5 - 6	4
7	5
8 - 9	6
10	7
11 - 12	8

9. Additive Requirement.

AIDS Referral Centers earn the following additional requirements:

1 Infectious Disease Physician
1 Internist

NOTE: These requirements are added to requirements earned in paragraph 8., above, to determine the total workcenter requirements.

10. Adult Nurse Practitioners. Pending validation of performance levels for adult nurse practitioners in medicine clinics, the nurse practitioners may substitute for internists as follows:

Average Monthly Historical Clinic Visits Seen by a Nurse Practitioner	Nurse Practitioner Earned
325 - 450	1
451 - 725	2
726 - 1000	3
1001 +	4

Substitutions for adult nurse practitioners for internists will be determined using historical clinic visits, seen by the nurse practitioner. A monthly average (historical) of 325 nurse practitioner visits is the minimum number of visits to earn a nurse practitioner. If a nurse practitioner(s) is earned, the number of internists is reduced by a corresponding number. For example, a MTF earns four internists based on 1000 visits per month (MEPRS) in Table A; however, 350 visits were credited to an adult nurse practioner. The MTF therefore earns three internists, one nurse practitioner, one registered nurse, three technicians and two clerical manpower requirements.

Attachment Manpower Tables

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Hospital 1-100 Beds										
Minimum Count ->	1	270	539	808	1078	1347	1616	1885	2155	2424
Maximum Count ->	269	538	807	1077	1346	1615	1884	2154	2423	2692
CONUS Hospital Over 100 Beds										
Minimum Count ->	1	259	517	776	1034	1293	1551	1810	2068	2327
Maximum Count ->	258	516	775	1033	1292	1550	1809	2067	2326	2584
OCONUS Hospital										
Minimum Count ->	1	237	474	711	948	1185	1422	1659	1896	2133
Maximum Count ->	236	473	710	947	1184	1421	1658	1895	2132	2369
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	1	2	3	4	5	6	7	8	9	10
Registered Nurse			1	1	1	2	2	2	2	2
Technician	2	2	3	3	4	5	6	7	9	10
Clerical Support		1	1	2	2	2	2	2	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	5	8	10	12	15	17	19	23	25

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Hospital 1-100 Beds										
Minimum Count ->	2693	2962	3232	3501	3750	4000	4250	4500	4750	5000
Maximum Count ->	2961	3231	3500	3749	3999	4249	4499	4749	4999	5249
CONUS Hospital Over 100 Beds										
Minimum Count ->	2585	2844	3102	3361	3600	3840	4080	4320	4560	4800
Maximum Count ->	2843	3101	3360	3599	3839	4079	4319	4559	4799	5039
OCONUS Hospital										
Minimum Count ->	2370	2607	2844	3081	3300	3520	3740	3960	4180	4400
Maximum Count ->	2606	2843	3080	3299	3519	3739	3959	4179	4399	4619
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	11	12	13	14	15	16	17	18	19	20
Registered Nurse	2	2	2	2	2	2	2	2	2	2
Technician	11	12	13	14	15	16	17	18	19	20
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	27	29	31	33	35	37	39	41	43	45

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
CONUS Hospital 1-100 Beds										
Minimum Count ->	5250	5500	5750	6000	6250	6500	6750	7000	7250	7500
Maximum Count ->	5499	5749	5999	6249	6499	6749	6999	7249	7499	7749
CONUS Hospital Over 100 Beds										
Minimum Count ->	5040	5280	5520	5760	6000	6240	6480	6720	6960	7200
Maximum Count ->	5279	5519	5759	5999	6239	6479	6719	6959	7199	7439
OCONUS Hospital										
Minimum Count ->	4620	4840	5060	5280	5500	5720	5940	6160	6380	6600
Maximum Count ->	4839	5059	5279	5499	5719	5939	6159	6379	6599	6819
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	21	22	23	24	25	26	27	28	29	30
Registered Nurse	2	2	2	3	3	3	3	3	3	3
Technician	21	22	23	23	24	25	26	27	28	29
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	47	49	51	53	55	57	59	61	63	65

JOINT HEALTHCARE MANPOWER TABLE											
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program										
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES										
CONUS Hospital 1-100 Beds											
Minimum Count ->	7750	8000	8250								
Maximum Count ->	7999	8249	8499								
CONUS Hospital Over 100 Beds											
Minimum Count ->	7440	7680	7920								
Maximum Count ->	7679	7919	8159								
OCONUS Hospital											
Minimum Count ->	6820	7040	7260								
Maximum Count ->	7039	7259	7479								
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Internist*	31	32	33								
Registered Nurse	3	3	3								
Technician	31	32	33								
Clerical Support	3	3	3								
*Subspecialties may be substituted											
NOTE: Services may interchange technician(s) and clerical support staff.											
TOTAL	68	70	72								

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table B	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility Minimum Count ->	1	8710	9045	9380	9715	10050	10385	10720	11055	11390
Maximum Count ->	8709	9044	9379	9714	10049	10384	10719	11054	11389	11724
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	25	26	27	28	29	30	31	32	33	34
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	24	25	26	27	28	29	31	32	33	34
Clerical Support	10	10	10	10	10	12	12	12	12	12
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	62	64	66	68	70	74	77	79	81	83

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/ CODE: Internal Medicine/ 6014 Table B (continued)	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	11725	12060	12395	12730	13065	13400	13735	14070	14405	14740
Maximum Count ->	12059	12394	12729	13064	13399	13734	14069	14404	14739	15074
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	35	36	37	38	39	40	41	42	43	44
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	36	37	38	39	40	41	42	43	44	45
Clerical Support	14	14	14	14	14	16	16	16	16	16
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	88	90	92	94	96	100	102	104	106	108

DEPARTMENT OF DEFENSE

JOINT HEALTHCARE MANPOWER STANDARD (JHMS)

Functional Area. **Internal Medicine**

1. Applicability. Applies to all peacetime fixed medical treatment facilities (MTFs). Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the Joint Healthcare Management Engineering Team. The use of a Service standard not based on the DoD Instruction 5010.37 (reference (c)) must be justified during the annual reapplication cycle.

2. Objective. To quantify the manpower required to accomplish the tasks described in the functional statement for varying healthcare demands.

3. Classification. Manpower Guide.

4. Functional Statement. Provides care and consultative services to patients suffering from disease and illness of a non-surgical nature; provides subspecialty assistance in areas where trained internal medicine subspecialists are not assigned; provides a comprehensive plan of care for patients including guidance, health education, rehabilitation, and prevention of disease; and provides medical care evaluation, professional training of assigned personnel, preparation and submission of reports and maintenance of medical records.

5. Monthly Performance Level(s) per Provider. (NOTE: Visits equal the sum of inpatient and outpatient visits. MEPRS Code: BAA, BAC, BAE, BAF, BAG, BAH, BAI, BAJ, BAM, BAN, BAO, BAQ, BAZ)

a. Continental United States (CONUS), Alaska and Hawaii:

	HOSPITAL (Operating Beds)					GME TEACHING FACILITY
	1-50	51-100	101-200	201-300	301+	
Visits per Internal Medicine Physician	250	250	240	240	240	335*
Inpatient Days per Internal Medicine Physician	85	85	95	95	95	95

*The 335 residency performance level is based on 175 visits per staff internist plus 60 visits contributed by the resident and 100 visits by the support personnel assigned to each staff physician.

b. Outside Continental United States (OCONUS), excluding Alaska and Hawaii:

	HOSPITAL				
	1-50	51-100	101-200	201-300	301+
	(Operating Beds)				
Visits per Internal Medicine Physician	----------220----------				
Inpatient Days per Internal Medicine Physician	----------85----------				

6. Statement of Conditions.

a. Performance levels assume adequate space is available for each provider. The recommended number of examination and treatment rooms is contained in the DoD Medical Space Planning Criteria.

b. Internal medicine includes cardiology, diabetic clinic, endocrinology, gastroenterology, hematology, hypertension clinic, nephrology, oncology, pulmonary disease, rheumatology, infectious disease, and medical clinics not elsewhere classified.

c. This standard does not include requirements for cardio-pulmonary, respiratory therapy, dialysis, and the Department of Medicine functions.

d. When developed, a prospective model will be used to forecast workload.

7. Manpower Tables. See Attachment 1.

8. Application Instructions. These instructions explain the steps in determining the manpower required to satisfy the levels of work for this workcenter. Table A is the basic manpower table for clinics and hospitals without GME teaching programs. Table B is for facilities with GME teaching programs. Select the correct manpower table for the facility from Attachment 1.

a. TABLE A - MTF WITHOUT INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. In the top half of the table are one or more rows, each labeled with a hospital category (e.g., CONUS Hospital, 1-100 beds). Select the row which applies to the facility.

Step 2. Determine the historical and/or expected workload for this clinic using data from the Medical Expense and Performance Reporting System (MEPRS).

Step 3. Going from left to right along the row, and, if necessary, from page to page in the same row, select the appropriate workload column. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 4. Proceed down the workload range column into the manpower requirements section of the table. The types and quantity of manpower required for the given workload can be read by matching the numbers in the column with the manpower titles in the left hand side of the table.

Step 5. Facilities without an Internal Medicine GME Teaching Program but with a Family Practice GME Teaching Program will have a minimum of nine internists (the mix will be at the discretion of the Services Surgeons General).

b. TABLE B - MTF WITH INTERNAL MEDICINE GME TEACHING PROGRAM:

Step 1. Go to Table B to determine the manpower requirements for this program using the steps in subparagraph 8.a., steps 1 through 4, above. (See paragraph 10., below, for Adult Nurse Practitioners, if appropriate).

Step 2. Apply the following minimums if workload does not earn required staff internists as determined by Table B:

	Number of Authorized Residents (excluding PG-1 and fellows)		
	10 - 25	26 - 40	41 - 55
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Infectious Disease	2	3	3
Nephrologists	1	2	2
Pulmonary Disease	3	4	4
Rheumatologists	1	2	2
Total Internists	25	37	41

NOTE: This is only the recommended specialty mix for Internal Medicine GME Teaching Program. Changes in specialty mix are at the discretion of the Services Surgeons General and MTF GME Program Directors.

Step 3. Add ONE (1) staff physician for each subspecialty Fellowship Program to the requirements earned in paragraph 8.b., steps 1 or 2.

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the table below from within the total requirements determined through application of sub paragraph 8.b., steps 1 through 3, above. These minimum ratios are not additives.

Fellows	Subspecialty Staff
1 - 3	2
4	3
5 - 6	4
7	5
8 - 9	6
10	7
11 - 12	8

9. Additive Requirement.

AIDS Referral Centers earn the following additional requirements:

1 Infectious Disease Physician
1 Internist

NOTE: These requirements are added to requirements earned in paragraph 8., above, to determine the total workcenter requirements.

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Average Monthly Historical Clinic Visits Seen by a Nurse Practitioner	Nurse Practitioner Earned
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451 - 725	2
726 - 1000	3
1001 +	4

Substitutions for adult nurse practitioners for internists will be determined using historical clinic visits, seen by the nurse practitioner. A monthly average (historical) of 325 nurse practitioner visits is the minimum number of visits to earn a nurse practitioner. If a nurse practitioner(s) is earned, the number of internists is reduced by a corresponding number. For example, a MTF earns four internists based on 1000 visits per month (MEPRS) in Table A; however, 350 visits were credited to an adult nurse practioner. The MTF therefore earns three internists, one nurse practitioner, one registered nurse, three technicians and two clerical manpower requirements.

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Minimum Count ->	1	237	474	711	948	1185	1422	1659	1896	2133
Maximum Count ->	236	473	710	947	1184	1421	1658	1895	2132	2369
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	1	2	3	4	5	6	7	8	9	10
Registered Nurse			1	1	1	2	2	2	2	2
Technician	2	2	3	3	4	5	6	7	9	10
Clerical Support		1	1	2	2	2	2	2	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	3	5	8	10	12	15	17	19	23	25

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program									
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Minimum Count ->	2585	2844	3102	3361	3600	3840	4080	4320	4560	4800
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Maximum Count ->	2606	2843	3080	3299	3519	3739	3959	4179	4399	4619
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	11	12	13	14	15	16	17	18	19	20
Registered Nurse	2	2	2	2	2	2	2	2	2	2
Technician	11	12	13	14	15	16	17	18	19	20
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	27	29	31	33	35	37	39	41	43	45

JOINT HEALTHCARE MANPOWER TABLE										
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MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
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Maximum Count ->	5499	5749	5999	6249	6499	6749	6999	7249	7499	7749
CONUS Hospital Over 100 Beds										
Minimum Count ->	5040	5280	5520	5760	6000	6240	6480	6720	6960	7200
Maximum Count ->	5279	5519	5759	5999	6239	6479	6719	6959	7199	7439
OCONUS Hospital										
Minimum Count ->	4620	4840	5060	5280	5500	5720	5940	6160	6380	6600
Maximum Count ->	4839	5059	5279	5499	5719	5939	6159	6379	6599	6819
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	21	22	23	24	25	26	27	28	29	30
Registered Nurse	2	2	2	3	3	3	3	3	3	3
Technician	21	22	23	23	24	25	26	27	28	29
Clerical Support	3	3	3	3	3	3	3	3	3	3
*Subspecialties may be substituted NOTE: Services may inter-change technician(s) and clerical support staff.										
TOTAL	47	49	51	53	55	57	59	61	63	65

JOINT HEALTHCARE MANPOWER TABLE											
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table A (cont'd)	MTF Without Internal Medicine GME Teaching Program										
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES										
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Minimum Count ->	7750	8000	8250								
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CONUS Hospital Over 100 Beds											
Minimum Count ->	7440	7680	7920								
Maximum Count ->	7679	7919	8159								
OCONUS Hospital											
Minimum Count ->	6820	7040	7260								
Maximum Count ->	7039	7259	7479								
SPECIALTY TITLE	MANPOWER REQUIREMENTS										
Internist*	31	32	33								
Registered Nurse	3	3	3								
Technician	31	32	33								
Clerical Support	3	3	3								
*Subspecialties may be substituted											
NOTE: Services may interchange technician(s) and clerical support staff.											
TOTAL	68	70	72								

JOINT HEALTHCARE MANPOWER TABLE										
WORK CENTER TITLE/CODE: Internal Medicine/6014 Table B	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility Minimum Count ->	1	8710	9045	9380	9715	10050	10385	10720	11055	11390
Maximum Count ->	8709	9044	9379	9714	10049	10384	10719	11054	11389	11724
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	25	26	27	28	29	30	31	32	33	34
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	24	25	26	27	28	29	31	32	33	34
Clerical Support	10	10	10	10	10	12	12	12	12	12
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	62	64	66	68	70	74	77	79	81	83

JOINT HEALTHCARE MANPOWER TABLE

WORK CENTER TITLE/ CODE: Internal Medicine/ 6014 Table B (continued)	MTF With Internal Medicine GME Teaching Program									
MTF LOCATION	CLINIC VISIT BREAKPOINT RANGES									
GME Teaching Facility										
Minimum Count ->	11725	12060	12395	12730	13065	13400	13735	14070	14405	14740
Maximum Count ->	12059	12394	12729	13064	13399	13734	14069	14404	14739	15074
SPECIALTY TITLE	MANPOWER REQUIREMENTS									
Internist*	35	36	37	38	39	40	41	42	43	44
Registered Nurse	3	3	3	3	3	3	3	3	3	3
Technician	36	37	38	39	40	41	42	43	44	45
Clerical Support	14	14	14	14	14	16	16	16	16	16
*Subspecialties may be substituted										
NOTE: Services may interchange technician(s) and clerical support staff.										
TOTAL	88	90	92	94	96	100	102	104	106	108

Ensures a climate of fairness and respect for human worth.

- Sought out by others to intervene in difficult situations.
- Substantiated major accomplishments in the EO arena.
- Always exerts influence in a positive manner to promote the dignity and value of the individual.

Proactive EO leader, achieves concrete EO objectives.

- Achieves measurable EO objectives.
- Recognized expert on EO issues.
- Leader or key contributor in EO programs (see prior traits).
- Significant involvement in community activities relating to equal opportunity.

Leader and model contributor to unit cohesiveness and morale.

- Leader or **key** contributor in programs designed to improve unit cohesiveness and morale such as Command Social Committee, sports teams, etc.
- Leader or key contributor in using command successes to improve unit cohesiveness and morale.
- Always take genuine initiative to promote programs that contribute to unit morale.

36. MILITARY BEARING/CHARACTER: Appearance, conduct, physical fitness, adherence to Navy Core Values.

1.0 Below Standards

Definition: Below standards/not progressing or UNSAT in any one standard

***Member should be aware of deficiencies through counseling prior to evaluation (greater than one written counseling required).**

Consistently unsatisfactory appearance.

Poor self-control; conduct resulting in disciplinary action. Unable to meet one or more physical readiness standards.

Fails to live up to one or more Navy Core Values: HONOR, COMMITMENT, COURAGE.

2.0 Progressing (traits for 3.0 standards used as reference)

Definition: Does not yet meet all 3.0 standards

***Member should be aware of deficiencies through counseling prior to evaluation (no more than one verbal and written counseling on the same act).**

- Allows grooming or uniform to fall well outside standards before attended to (e.g. wrinkled uniform; consistently scuffed shoes; marginal haircut; dirty ribbons, incorrect ribbons, wrong sequence, improperly aligned; trouser/skirt too short/long; uniforms are ill fitting, too tight/loose; fingernails too long; missing buttons; unstenciled dungarees).
- Wears ragged, non-professional clothing to/from work.
- Deficiencies noted on personnel inspection.
- Smoking in non-designated areas.
- Does not take responsibility for actions.
- Does not use the chain of command in resolving problems/conflict.
- Exhibits immature behavior.
- Does not always demonstrate proper military courtesies.
- Unprofessional conduct due to alcohol consumption.
- Failed one or more elements of the last two Physical Readiness Tests (PRT) and participated in remedial program.

3.0 Meets Standards

Definition: Meets all 3.0 standards

Excellent personal appearance.

- Grooming and uniform within standards (e.g. pressed uniform; shoes clean, not scuffed; haircut within standards; clean, correct ribbons in sequence and properly aligned; trouser/skirt correct length; uniform fits well; fingernails correct length).
- Always wears naval uniform with pride.
- Civilian attire worn consistent with Navy Regulations.

Excellent conduct, conscientiously complies with regulations.

- Always professional.
- Does not condone marginal conduct in the workplace and social settings.
- Practices military courtesies at all times.
- Maintains excellent personal conduct both on and off duty.
- Obeys all rules and regulations.
- Takes responsibility for actions.
- Through actions and deeds is a positive role model for others.
- Shows concern about the reputation of self, unit or specialty.
- Understands basic concepts of fraternization and how minor infractions can create an environment of perceived favoritism.

Complies with physical readiness program, within all standards.

- Passes PRT; meets Height/Weight or Body Fat standards.

Always lives up to Navy Core Values: HONOR, COMMITMENT, COURAGE.

- Meets most of the following standards all the time or all of the standards most of the time.

HONOR

- Behaves with honesty, responsibility, and decency - on and off duty.
- Takes responsibility for own actions; does not try to place blame on others.
- Keeps word.
- Respects the human dignity of others.
- Does not abuse other people to get ahead.
- Comes to the aid of another in need.
- Does not take credit for the accomplishments of others.
- Does not promote self above others; lets actions speak for themselves.
- A team player who does not put their own career above the collective good.
- Does not participate in or promote gossip; protects confidentiality.

COURAGE

- Has the moral strength to carry out responsibilities promised under the oath of enlistment.
- Has the courage to resist negative peer pressure.
- Has the courage to step forward when confronted with or observes an injustice or violation of regulations.
- Appropriately assertive in communicating concerns.

COMMITMENT

- Studies and works to become proficient in his/her profession.
- Is a team player that contributes to command morale and cohesiveness.
- Takes pride in doing a good job.
- Strives for personal and professional development of self and staff.
- Takes initiative; doesn't shirk work or duty.
- Is reliable and works hard.
- Demonstrates dedication, enthusiasm and courtesy.
- Actively works toward the betterment of the command.
- Always takes care of his/her people.

4.0 Above Standards (traits for 3.0 standards used as reference)

Definition: Exceeds most 3.0 standards

- Places importance on personal appearance at all times.
- Counsels and assists others on uniform standards.
- Grooming and uniform consistently above standards.
- Recognized at personnel inspection.
- Wears uniform to military events when not required.
- Others note demeanor and conduct (positive) and comment on it.
- Active in improving peers and subordinates in this area.
- Proactive in setting appropriate example in social settings.
- Personal conduct and professionalism on and off duty are exemplary.
- Actively discourages actions that may create a perception of fraternization or favoritism.
- Nominated as command Sailor of the Quarter/Year.
- Excellent or outstanding PRT or leader in physical fitness.
- Regularly exercises and encourages others to participate in Remedial PRT and PT programs.
- Encourages, by example, a healthy lifestyle.
- PRT coordinator or assistant PRT coordinator for code.

5.0 Greatly Exceeds Standards

Definition: Meets overall criteria and most specific standards for 5.0

Exemplary personal appearance.

- Outstanding at command personnel inspections.
- Always meets 4.0 standards and takes initiative to assist others in improving their appearance.
- Always impeccable appearance (haircut, shoes, ribbons, belt buckle, pressed and clean uniform, and trim appearance).

Model of conduct on or off duty.

- Always demonstrates and assists others with correct military courtesies.
- Command role model for exemplary demeanor/conduct.
- Selected as command Sailor of the Quarter Year and maintains superior exemplary conduct throughout the reporting period.

Excellent or outstanding PRT. A leader in physical fitness.

- Maintains an active and visible physical fitness program. Leads by example (marathons, bikes, swims, etc.).
- Excellent or outstanding PRT; and a leader and motivator in physical fitness.
- Provides fitness opportunities to the staff of the command (e.g., heads conditioning program for others, leads periodic PRT sessions).
- Actively encourages peers and subordinates to meet PRT standards.
- PRT coordinator and actively assists members or remedial PRT programs.

Exemplifies Navy Core Values: HONOR, COURAGE, COMMITMENT.

- Meets all of the 3.0 standards all of the time and always helps others improve their honor, courage and commitment.

37. PERSONAL JOB ACCOMPLISHMENT/INITIATIVE: Responsibility, quality of work.

1.0 Below Standards

Definition: Below standards/not progressing or UNSAT in any one standard

***Member should be aware of deficiencies through counseling prior to evaluation (greater than one written counseling required).**

Needs prodding to attain qualification or finish job.

Prioritizes poorly.

Avoids responsibility.

2.0 Progressing (traits for 3.0 standards used as reference)

Definition: Does not yet meet all 3.0 standards

***Member should be aware of deficiencies through counseling prior to evaluation (no more than one verbal and written counseling on the same act).**

- Takes no initiative to assume new tasks.
- Needs reminding to meet routine deadlines and goals.
- Lacks effort/initiative to correct deficiencies.
- Requires frequent re-direction and prioritization to get the job done.
- Seldom takes initiative to meet goals.
- Does not follow through to ensure completion of tasks.
- Lacks attention to detail.
- Frequently late for work/meetings.
- Frequently procrastinates to detriment of clinic/command mission.
- Does not ask supervisors for assistance in appropriate prioritization when needed.
- Poor time-management skills.
- Frequently unreliable in completing assignments.
- Cannot be depended on to accept responsibility for task or assignment.

3.0 Meets Standards

Definition: Meets all 3.0 standards

Productive and motivated. Completes tasks and qualifications fully and on time.

- Self motivated to complete tasks.
- Goal directed.
- Pays attention to detail.
- Utilizes SOPs to ensure success.
- Identifies and prioritizes requirements to make best use of resources.
- Identifies cost effective methods in daily activities.
- Assumes additional responsibility with enthusiasm.
- Independently takes action to solve a problem.
- Takes initiative to assume new tasks including collateral duties.

Plans/prioritizes effectively.

- Accomplishes tasks on time.
- Consistently on time for work/meetings.
- Appropriately asks for direction from supervisor.
- Seeks guidance and direction on prioritization as necessary.
- Considers code mission in making decisions.
- Demonstrated effective time management skills.
- Sets goals, objectives or priorities for self and/or department.

Reliable, dependable, willingly accepts responsibility.

- Accepts responsibility without question.
- Can be depended on to complete tasks/assignments within set guidelines.
- Has confidence of supervisors when tasks are assigned.

4.0 Above Standards (traits for 3.0 standards used as reference)

Definition: Exceeds most 3.0 standards

- Openly accepts change when needed to reach goals of division/code/command.
- Is creative; adept at "thinking outside the box".
- Consistently a self-starter.
- Completed college/correspondence course and applied to current job performance.
- Improves SOP for greater success.
- Maintains flexibility, able to reprioritize as necessary.
- Insightful, considers all aspects of problems.
- Assists others with prioritization.
- Usually ahead of schedule.
- Volunteers for, and performs, new responsibilities and collateral duties.
- Reliably completes tasks/assignments better than expected.
- Thought of by supervisors when new tasks need to be assigned.

5.0 Greatly Above Standards

Definition: Meets overall criteria and most specific standards for 5.0

Energetic Self-starter. Completes tasks or qualifications early, far better than expected.

- Recognizes problem areas, takes appropriate action for resolution.
- Consistently completes tasks early, well above established standards.
- Completes advanced qualifications not required for normal duties.
- Completed two or more college/correspondence courses and applied to current job performance.
- SOP adopted by division/code/command.
- Plans/prioritizes wisely and with exceptional foresight.
- Admired for exceptional time-management skills.
- Always ahead of schedule.
- Consistently anticipates both long/short term requirements and takes action to accomplish them.
- Planning and prioritization reflect understanding of organizational goals.

Seeks extra responsibility and takes on the hardest jobs.

- Anticipates new tasks, initiates action and follows through.
- Thought of first by supervisors when new tasks need to be assigned.
- Accepts responsibility for tasks normally assigned to someone in the next higher paygrade.

38. TEAMWORK: Contributions towards team building and team results (team may comprise division/code/command).

1.0 Below Standards

Definition: Below standards/not progressing or UNSAT in any one standard

***Member should be aware of deficiencies through counseling prior to evaluation (greater than one written counseling required).**

Creates conflict, unwilling to work with others, puts self above team.

Fails to understand team goals or teamwork techniques.

Does not take direction well.

2.0 Progressing (traits for 3.0 standards used as reference)

Definition: Does not yet meet all 3.0 standards

***Member should be aware of deficiencies through counseling prior to evaluation (no more than one verbal and written counseling on the same act).**

- Occasionally is stubborn, derisive, etc., in team situations.
- Is self-serving; ignores obvious opportunities to help the team succeed.
- Seeks solitary recognition for team product/work.
- Frequently late for team meetings.
- Non-attendance at any scheduled commitment without prior notification to - team leader.
- Through comments or behavior, detracts from team process.
- Does not display cooperation or enthusiasm for the team process; not a team - player.
- Does not recognize the value of teams to accomplish goals.
- Negative attitude brings the team down.
- Withdrawn.
- Needs reminding/prodding to participate in team effort.
- Takes no initiative to learn or improve teamwork techniques.
- Occasionally does not accept team direction.
- Frequently approaches problem solving from negative perspective.
- Overtly pessimistic (the glass is always half empty).
- Clearly brings own agenda to team.
- Does not give all members a chance to contribute (monopolizes conversations).
- Criticizes other team members.

3.0 Meets Standards

Definition: Meets all 3.0 standards

Reinforces others' efforts, meets commitment to team.

- Helps team to succeed .
- Meets deadline, provided information as requested, and comes prepared to contribute at meetings (dependable and reliable).
- Encourages participation of all members of team.
- On time to all meetings and notifies team leader if must be absent.

- Demonstrates good team building skills.
- Exhibits a sense of responsibility to the team.
- Supports the team decision.
- Uses Total Quality Leadership (TQL) tools to improve processes (e.g. quality improvement suggestion).

Understands goals, employs good teamwork techniques.

- Participates in group processes as assigned.
- Is cooperative in assisting others in promoting their ideas.
- Demonstrates active listening techniques.
- Asks questions to improve understanding.
- Shows pride in team accomplishments.
- Is able to bring together different personalities into an effective team.
- Develops unit identity, group cohesiveness, or team spirit.
- Gets work unit together to discuss issues.
- Understands the relationship of one's own unit to the division/code/command.

Accepts and offers team direction.

- Usually approaches problem solving from a positive perspective.
- Shows openness to new ideas.
- More than a passive member taking up space; active participant.
- Is able to communicate ideas effectively in order to accomplish the team mission.
- "Seeks first to understand -and then to be understood".
- Responds well to constructive feedback.

4.0 Above Standards (traits for 3.0 standards used as reference)

Definition: Exceeds most 3.0 standards

- Encourages creative ideas of coworkers.
- Team comes first.
- Draws on talents of subordinates to get the job done.
- Volunteers for team duties (e.g. facilitator, timekeeper, taking minutes, etc).
- Seeks ways to integrate new members of the organization.
- Sees the division/code/command as a team, actively assists co-workers in the completion of duties.
- Genuinely eager to participate in command initiatives.
- Actively committed to ensuring the team clearly understands role/mission.
- Assists others in improving teamwork techniques.
- Uses effective leadership behaviors and TQL tools to optimize accomplishments of teams.
- Effective contributor to the team process.
- Always approaches problem solving in a positive manner.
- Accepts change; helps others understand the potential value of change to an organization.
- Not afraid to take personal risks for the benefit of the team.

5.0 Great Exceeds

Definition: Meets overall criteria and most specific standards for 5.0

Team builder, inspires cooperation and process.

- Always a key contributor to the team process.
- Volunteers for and actively participates in process action teams, Ad hoc working groups, etc. outside the normal scope of responsibility.
- Promotes involvement in a variety of command activities at all levels.
- Identifies and markets successes of team.
- Effectively relates individual contributions to the team effort.
- Effectively relates goals of the division/code/command to the contribution and success of the command.
- Always effective in integrating new members of the division/code/command into the team process.
- Always willing to perform unpopular or "scut" jobs for the benefit of the team (e.g., always volunteers to help in working parties and field-days).

Focuses goals and techniques for teams.

- Sought, admired, respected, and recognized for advice on team direction.
- Always successful in keeping team headed toward "True North".
- Develops training to orient new members to the team.

The best at accepting and offering team direction.

- Actively seeks opportunities within team to effectively use teamwork skills.
- Effectively uses leadership skills and TQL skills to promote team process.
- Always demonstrates the traits of both active listening and appropriate redirecting.
- Recognized as the very best at understanding and activating group dynamics for a common goal.

CHAPTER 1 - GENERAL INFORMATION

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SECTION A - INTRODUCTION

1. Purpose

The purpose of the Department of Defense Joint Healthcare Manpower Standards (JHMS) is to ensure that the peacetime staffing requirements of the Military Health Services System (MHSS) provide quality medical care in a productive environment. The JHMS provide the Department of Defense and the MHSS with a uniform system for determining peacetime healthcare manpower requirements for operation of fixed military medical treatment facilities (MTFs).

2. Applicability and Scope

a. These standards apply to fixed MTFs of the Army, Navy, and Air Force (referred to collectively as "DoD Components") directly involved in the provision of direct patient care, and other authorized activities such as medical centers, hospitals, and clinics, including troop and dental clinics.

b. These standards do not apply to:

(1) DoD Component facilities not involved in the delivery of military community healthcare, such as medical research facilities and schools.

(2) DoD Component facilities such as medical facilities for field service (aid stations, clearing stations, and division, field, and force combat support and evacuation hospitals), medical facilities afloat (hospital ships and sick bays aboard ships), tactical casualty staging facilities, medical advance base staging facilities, and medical advance base components contained within mobile-type units.

c. The system of JHMS, through the use of common manpower standards, prescribes a uniform process for determining healthcare staffing requirements for applicable work centers within DoD MTFs. The use of the joint standards requires management audit of manpower and workload data to ensure that the standards are applied and implemented consistently and in the manner which reflects the requirements for delivering healthcare to DoD beneficiaries.

3. Responsibilities

a. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall exercise management, direction, and maintenance of JHMS within the Department of Defense.

b. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)) shall provide general manpower management policy, guidance, and instruction to the DoD components.

c. The Heads of DoD Components shall:

(1) Implement the JHMS.

(2) Apply the JHMS in determining component healthcare manpower requirements and in planning and programming healthcare manpower resources.

(3) Develop and report related data to designated management levels as required.

(4) Assist in maintaining the JHMS by recommending changes and improvements.

d. The Assistant Secretaries of Defense (Health Affairs) (ASD(HA)) and Force Management and Personnel (ASD(FM&P)) and Heads of DoD Components shall coordinate their efforts to ensure that the JHMS are consistently implemented and integrated into the existing manpower systems.

4. Objectives

The JHMS shall:

a. Provide military health care management with a uniform process for determining requirements and applying MTF staffing standards.

b. Provide guidance for determining demand on work centers and for ensuring appropriate performance levels, staffing sequences, and other workload factors are employed in satisfying workload.

c. Provide a means of identifying unique facility and system healthcare manpower requirements.

d. Provide actual and potential areas of interservice support of healthcare workload.

e. Provide a method for forecasting healthcare manpower requirements based on mission and/or service population changes.

5. Identification System, Changes and Distribution

a. Identification System. Each chapter and its parts are numbered consecutively. Page numbers consist of two parts (chapter numbers and consecutive page numbers).

b. Basic Issuance and Changes. This document is published in looseleaf form and each change after the basic issuance shall be covered by a SD Form 106-2, "Department of Defense Publication System Change Transmittal".

c. Distribution. The basic issuance and changes shall be distributed in accordance with DoD 5025.1-M (reference (a)).

6. Interpretations and Recommendations

Requests for information, clarification, or interpretation of, or changes to this document will be submitted to the ASD(HA). Deviations from this document must be submitted for approval to the office of responsibility as provided in Chapter 1, section 3., above, after coordinating the overall DoD effect of such a deviation with the other Military Departments. Other matters such as proposed modifications of this document shall be submitted in accordance with Chapter 3.

7. Effective Date and Implementation

This document is effective immediately. Forward two copies of implementing documents to the Assistant Secretary of Defense (Health Affairs).

SECTION B - BACKGROUND AND CONCEPT

1. Background

In July 1985, the Secretary of Defense directed the implementation of the recommendations of the Blue Ribbon Panel on Sizing DoD Medical Treatment Facilities. That report emphasized the need for a joint staffing methodology. A working group was established for that project. On March 17, 1987, the DoD Medical Program Review Committee pledged support to an ASD(HA) plan to develop JHMS. The project was set in motion with an ASD(HA) letter to the Service Secretaries on March 19, 1987. The first phase began with the accelerated development of 33 first generation standards by a joint Service project team.

2. Concept

The goal of the Department of Defense is to have common manpower standards for all work centers in the MHSS. This is to be accomplished through a Joint Service Healthcare Management Engineering Program. This program is managed by the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)), Joint Manpower Office (JMO) through an executive agent for operation of a Joint Healthcare Management Engineering Team (JHMET). The U.S. Air Force has been designated as Executive Agent.

SECTION C - ORGANIZATION

Organization

a. The JHMS is divided into chapters and sections with an introduction and table of contents. It consists of four chapters and appendices as follows:

(1) Chapter 1 is "General Information."

(2) Chapter 2, "Standards Application," provides the general criteria and assumptions upon which the JHMS are based, explains relevant terms, provides instructions for the application and reapplication of the standards, and discusses the exception process.

(3) Chapter 3, "Standards Maintenance," states the objective of the JHMS Office and discusses the JHMS review and update process.

(4) Chapter 4, "Standards Application Workload Data," provides instructions for accessing the data required for standards application.

(5) Appendix A contains the JHMS Standards. Each standard is a separate annex to Appendix A, thereby providing an efficient mechanism for adding newly approved standards and replacing standards which have been revised.

(6) Appendix B contains a table of data source and statistical requirements for the classification of standards.

(7) Appendix C contains a glossary of the terms considered essential to the understanding and implementation of the JHMS Program.

CHAPTER 2 - STANDARDS APPLICATION

CHAPTER 2 - STANDARDS APPLICATION

A. General Criteria

Application of the JHMS to each identified work center is based on the following criteria.

1. The manpower tables specified by the JHMS use a monthly man-hour availability factor (MAF) of 145 hours.

2. An overload factor of 7.7 percent has been included for each workload breakpoint range through a staffing level of 13. Thereafter, a factor of .999 is used to round to the next highest integer.

3. Physician and support requirements in each manpower table provide the manpower staffing at designated workload levels within the extrapolation range of the model. Extrapolation will not exceed the limits of the applicable manpower table.

B. Classification of Standards

1. JHMS is based on varying workload volumes and performance of a number of tasks that are approximately the same in nature. The standards are classified into three types:

a. Type I - developed by determining man-hours required to do a job through the use of time study, work sampling, or a combination of both methods. At least 80 percent of the man-hours in the standard are based on these engineered methods. The resulting standard is developed by regression analysis and must satisfy specific statistical measures of accuracy. Type I standards are also termed "engineered" standards.

b. Type II and Type III - developed by determining manpower requirements in a variety of workcenters when the work is not appropriate for engineered methods. The primary determinant for the classification of these standards is the development method.

(1) When standards developed using regression analysis and the engineered methods (time study or work sampling) do not satisfy the rigid statistical standard for a Type I standard, they are classified as Type II. This classification also applies to standards where operational audit is the primary source of data. If a standard does not satisfy the statistical requirements for a Type II standard, it may be classified as a Type III. However, the proposed standard must meet the minimum number of input point requirements, pass realistic and economic criteria, and have an $R^2 \geq .50$.

(2) In some workcenters, tasks performed are not amendable to work measurement methods or regression analysis. Alternative development methods and analysis procedures are used to develop valid standards in these areas. In each case, the standard is classified as Type III. Differences between Type II and Type III are procedural and are based on the nature of the workcenter. The type is not intended to reflect a level of quality but rather the statistical precision of the standard.

(a) Standards developed without detailed work measurement and based on minimum manpower requirements, staffing patterns, and historical performance are subject to specific constraints to ensure the quality of the standard. Standards built within these constraints are classified as Type III.

(b) Simulation models may be used to determine total workcenter requirements. When simulation is used, such as queueing analysis, the resulting standard is classified as a Type III standard.

(c) Standards development for a single location may be based on ratio unit times. These unit times are built on the ratio of man-hours required to workload accomplished. The ratio unit time method may also be used in limited cases involving multiple locations when the study population is small. The use of the ratio unit time method results in a Type III classification.

2. Data source and statistical requirements are identified in Appendix B.

3. Manpower Guide. A manpower model may be approved and used as a guide if it satisfactorily describes the relationship between required resources and mission workload. Where workcenter size, changing systems, policies, or procedures would make a standards development effort excessively costly, development of a guide may be appropriate. In addition, a published engineered standards may be invalidated because of changing workcenter conditions, but may remain useful and be reclassified as a guide. Minimum study design, measurement, and statistical criteria for development and approval of a valid guide cannot be determined in advance. Such factors must be determined on a case-by-case basis by the Joint Healthcare Management Engineering community.

C. Explanation of Terms

1. Definitions: Terms used in the JHMS are defined in Appendix C. Additional definitions are contained in DOD 6010.13-M (reference (b)).

2. Source of Workload: Each standard defines the workload factor(s), to be used in application of the standard. Generally, the workload factors are reported through the DoD Medical Expense

and Performance Reporting System (MEPRS) to the Defense Medical Information System (DMIS). As new workload factors are identified for use with the standards, they will be added to DMIS.

D. Instructions

1. Each JHMS contains specific instructions for applying the standard to a particular workcenter. No deviations from those instructions are permitted.

2. Following initial application, the JHMS shall be reapplied at least annually to determine requirements and serve as a guide for the planning and programming of manpower authorizations by the Military Services.

3. Exceptions to the JHMS (e.g., additives, deviations, or exclusions) must be thoroughly justified and validated. All nonvalidated requests for exceptions may be submitted by the Services during the annual standards application cycle. Specific instructions for the annual standards application and submission of exceptions shall be provided by OASDS(HA) in a memorandum to the Services. Approval authority for all exceptions is the ASD(HA).

4. For those healthcare work centers that do not have a JHMS, a Service developed standard may be used only after it has been approved by the ASD(HA). Existing Service management engineered standards may be used in lieu of this JHMS, until such time as it is replaced by a standard developed under the auspices of the JHMET. The use of a Service standard not based on DoD Instruction 5010.37 (reference (c)). Efficiency Review Program, must be justified during the annual reapplication cycle.

5. Where prospective workload data, e.g., projected visits, are not available, standards shall be applied using historical workload pending prospective data availability. Historical workload shall be provided by existing DoD data bases or by the Services as necessary.

CHAPTER 3 - STANDARDS MAINTENANCE

CHAPTER 3 - STANDARDS MAINTENANCE

A. General

The JHMS is based on the latest concepts of providing healthcare and associated support within the MHSS. It is essential that these standards remain credible by continuing to accurately reflect the manpower required to conduct workcenter activities. In that respect, the need for maintainability is a major consideration in the initial standards development planning. The standards must be designed so that they are easily updated. As such, the automated systems supporting the development and application of JHMS must be flexible and easily modified to incorporate changes in types and mix of manpower. The standards must be continually assessed to ensure that changes in processes, technology and policy are known and included in standards updates.

B. Responsibility

Every level of management with the MHSS shares the responsibility for ensuring that the JHMS are current. Within the operating guidelines established by the ASD(HA), the Executive Agent (JHMET) is responsible for both development and maintenance of the JHMS. Each approved standard shall be scheduled for review at least annually. The reviews shall be conducted in accordance with specific procedures published by the Executive Agent.

CHAPTER 4 - STANDARDS APPLICATION WORKLOAD DATA

CHAPTER 4 - STANDARDS APPLICATION WORKLOAD DATA

General Information

A. DMIS. The DMIS shall be the principal source of workload data to be used in applying the JHMS. The Report Control Symbol DD-HA(Q) 1704, "Medical Expense and Performance Report," shall be used as the means for passing workload data to DMIS.

B. Accessing DMIS for Workload Data. At the time of this publication, the major systems providing data to DMIS are under revision. Until the revisions are completed and specific user guidance is published, the workload to be used in the annual application of the standards, or at other times are required, shall be provided through a formal request to the Services for data.